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Application Number	10/679,775
Filing Date	October 06, 2003
First Named Inventor	Lieping CHEN
Title	B7-H1 VARIANTS
Art Unit	1644
Examiner Name	Ilia I. Ouspenski
Attorney Docket Number	6137-0102PUS2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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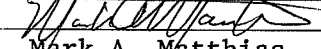
☐ Applicant/Inventor.

OR

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/30/11
Name	Mark A. Matthias	Telephone	(507) 538-5231
Title and Company	Assistant Treasurer, Mayo Foundation for Medical Education & Research		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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